

## DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

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### What DPHHS Does

The Department of Public Health and Human Services (DPHHS) administers a wide spectrum of programs and projects including: public assistance, Medicaid, foster care and adoption, nursing home licensing, long-term care, aging services, alcohol and drug abuse programs, mental health services, vocational rehabilitation, disability services, child support enforcement activities, and public health functions (such as communicable disease control and preservation of public health through chronic disease prevention).

The department is also responsible for all state institutions except prisons. DPHHS facilities include: Montana State Hospital, Warm Springs; Montana Mental Health Nursing Care Center, Lewistown; Montana Chemical Dependency Center, Butte; Eastern Montana Veterans' Home, Glendive; Montana Veterans' Home, Columbia Falls; and Montana Developmental Center, Boulder.

### Statutory Authority

MCA 2-15-2201

### HOW SERVICES ARE PROVIDED

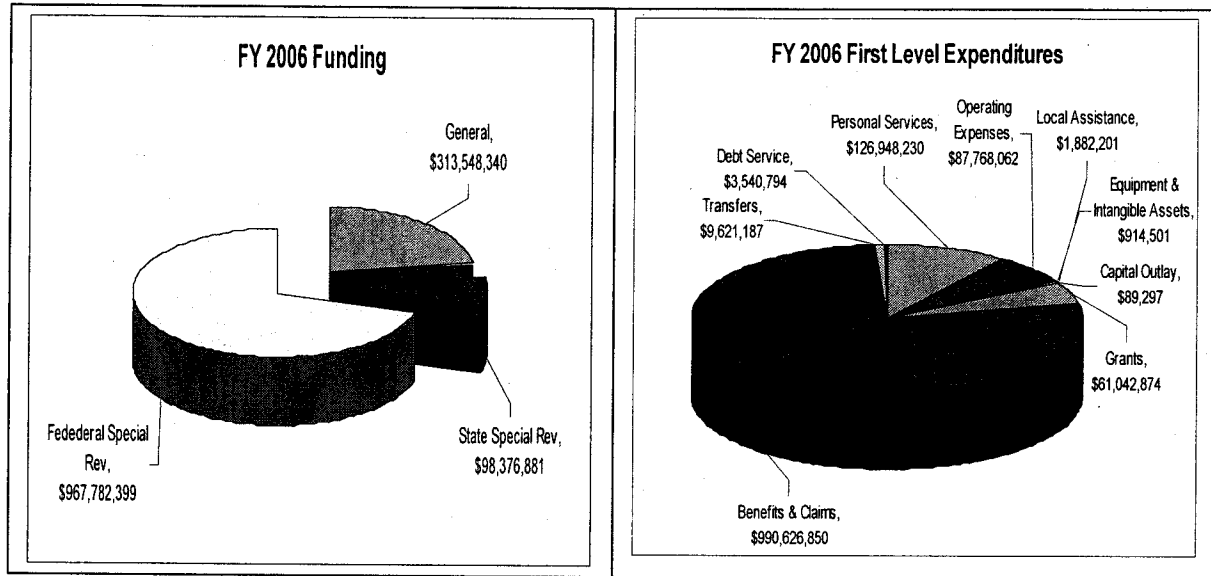
The Department of Public Health and Human Services is comprised of 12 divisions: 1) Director's Office; 2) Human and Community Services; 3) Child and Family Services; 4) Child Support Enforcement; 5) Business and Financial Services; 6) Public Health and Safety; 7) Quality Assurance; 8) Technology Services; 9) Disability Services; 10) Health Resources; 11) Senior and Long-term Care; and 12) Addictive and Mental Disorders.

- 1) The Director's Office provides professional support to the agency's divisions by overseeing the overarching goals of the Department.
- 2) The Human and Community Services Division's goal is to support the strengths of families and communities by promoting employment and providing the assistance necessary to help families and individuals meet basic needs and work their way out of poverty. They accomplish this by providing cash assistance, employment training, food stamps, Medicaid, child care, meal reimbursement, nutrition training, energy assistance, weatherization, and other services to help families move out of poverty and toward self-support.
- 3) The Child and Family Services Division provides state and federally mandated protective services to children who are abused, neglected, or abandoned. This includes receiving and investigating reports of child abuse and neglect, working to prevent domestic violence, helping families to stay together or reunite, and finding placements in foster or adoptive homes.
- 4) The Child Support Enforcement Division provides federally mandated child support enforcement services. These include locating absent parents, establishing paternity, establishing financial and medical support orders, enforcing current and past-due child support, offering medical and spousal support, and modifying child support orders.
- 5) The Business and Financial Services Division provides support services for the department including financial and accounting oversight, cash management, preparation and filing of federal financial reports, purchasing of supplies and equipment, payroll processing, audit coordination, lease management, mail handling, management of vital records and statistics, property and records management, accounts payable, and institutional reimbursements.
- 6) The Public Health and Safety Division oversees the coordination of the public health system in Montana. These range in scope from nutrition support and Health Education (e.g., WIC & Tobacco Use Prevention) to screening services (e.g., Breast & Cervical Cancer screening programs for uninsured women and HIV Counseling & Testing services) to preventive services (e.g., Immunization) and surveillance systems for infectious and chronic diseases, designed to detect and target those health threats that may impact a community.
- 7) The Quality Assurance Division protects the safety and well-being of Montanans by monitoring and ensuring the integrity and cost-effectiveness of programs administered by the department.
- 8) The Technology Services Division provides state-of-the-art support in operational and technological areas critical to the efficient and effective implementation of department programs.
- 9) The Disability Services Division provides services that help Montanans with disabilities to live, work, and fully participate in their communities. It does this by providing residential services, community supports, home-based services for families, case management, a variety of employment outcome-related services, telephone relay service and equipment, rehabilitation counseling, and specialized services for blind and visually impaired individuals which includes low vision evaluations and equipment for older individuals with visual impairments to maintain independence.
- 10) The Health Resources Division provides health care for low-income and disabled Montanans through Medicaid and the Children's Health Insurance Plan (CHIP). It does this by providing administration, policy development, and reimbursement for the primary and acute care portions of the Medicaid program. It also provides children's mental health services and health insurance coverage for children through CHIP.
- 11) The Senior and Long-Term Care Division administer aging services, adult protective services, and the state's two veterans' homes. It also helps to fund care for elderly and disabled Montanans who are eligible for Medicaid and Supplemental Security Income (SSI). The division achieves this by providing information, education, and assistance; planning, developing and providing for quality long-term care services; and operating within a cost-effective service delivery system.
- 12) The Addictive and Mental Disorders Division implements and improves an appropriate statewide system of prevention, treatment, care, and rehabilitation for Montanans with mental disorders or addictions to drugs or alcohol. The division achieves this by providing chemical dependency and adult mental health services by contracting with behavioral health providers throughout Montana. It also provides services through three inpatient facilities including the Montana State Hospital in

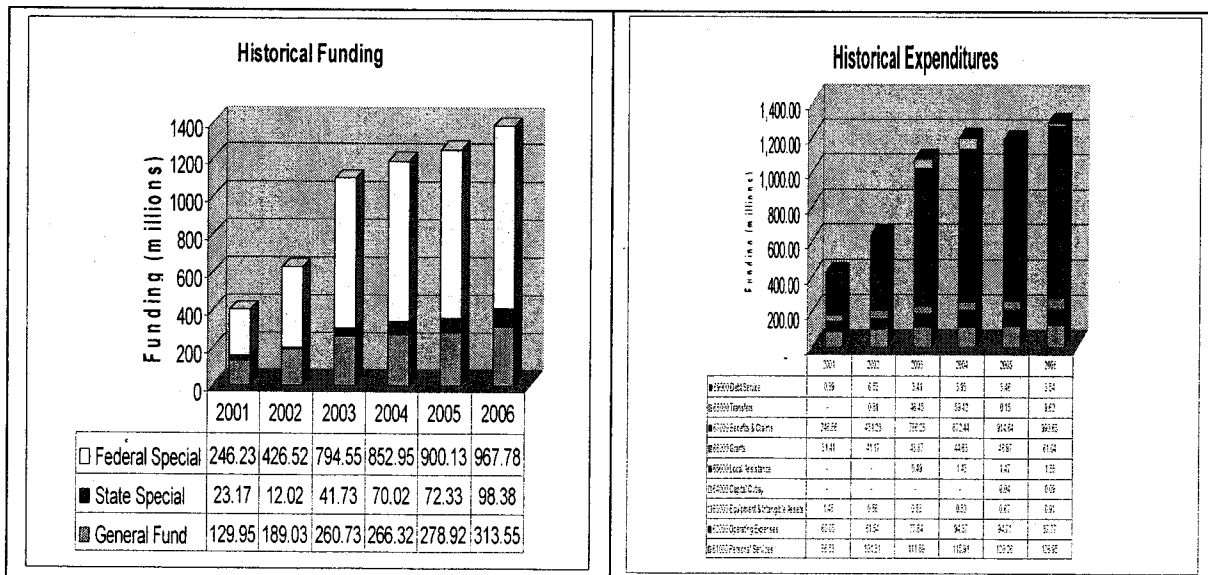
Warm Springs, Montana Chemical Dependency Center in Butte, and Montana Mental Health Nursing Care Center in Lewistown.

## Spending and Funding Information

The following figures show funding and expenditure information for FY 2006 for all sources of funding of the Department of Public Health and Human Services.



The following figures show funding and expenditures from FY 2001 through FY 2006, for HB 2 funding.



# 2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

## Program Expansion

- Children's Mental Health: Montana was one of ten states to receive a Community Alternatives to Psychiatric Residential Treatment Facilities (PRTF) demonstration grant. The grant will be used to design a comprehensive package of community-based services for children with mental illness.
- Child Support Collections: Improved from \$54.32 million in 2004 to \$55.109 million in 2005 and \$58.307 million in 2006.
- Department Audit: The department received its second consecutive unqualified opinion audit for report years 2004 and 2005.
- Food Stamps: Montana was awarded \$1.8 million bonus funds for its excellent performance in the areas of payment accuracy and timeliness of application processing.
- Medicaid Modernization Act: As of January 1, 2006, approximately 13,000 clients eligible for both Medicare and Medicaid received their pharmacy benefits through Medicare Part D plans. During the transition from Medicaid to Medicare Part D, Medicaid continued to cover prescriptions to ensure these clients received their necessary medications.
- Mental Health Waiver: The Department received approval from CMS to implement a Home and Community Based Services waiver for individuals with Severe Disabling Mental Illness (SDMI), only the second such waiver in the nation. This waiver will provide services that enable participants to remain in community settings, who otherwise would require nursing home placements.
- Child and Family Services: Passed the 2006 federal Title IV-E Foster Care Audit with 149 out of 150 cases meeting the requirements; completed both the Program Improvement Plan negotiated after the 2002 federal Child and Family Services Review and the Corrective Action Plan negotiated after the 2003 Title IV-E Foster Care Audit.
- Successful Implementation of the Montana Clean Indoor Air Act: The Act went into effect Oct. 1, 2005, after passage by the 2005 Legislature. Montanans have really embraced this effort to prevent disease and death caused by tobacco addiction. A survey conducted by the department in conjunction with the national Centers for Disease Control and Prevention revealed that 80 percent of Montanans support the new law.
- Fair Hearings: Decisions rendered within statutory timelines improved from 80% in FY 04 to 90% in FY 06 even though appeals have increased 42% since FY 04.

## FTE:

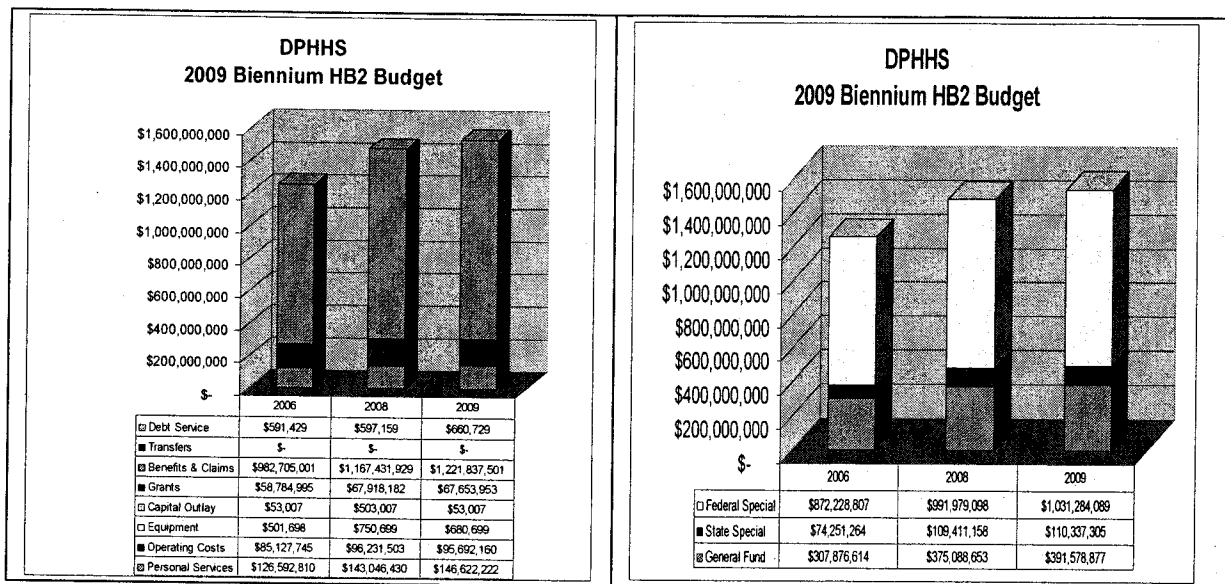
Total authorized FTE in Fiscal Year 2006 were 2,788.43.

## CORRECTIVE ACTION PLANS

The legislative audit recommendations made during the 2004-2005 Financial Compliance Audit can be found under the Business and Financial Services Division.

## 2009 BIENNIUM BUDGET

The following figures show the proposed HB 2 budget for the 2009



## Goals and Measurable Objectives

The following table shows the Department of Public Health and Human Services base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Goal	Measurable Objectives	Current Status of Measures
Goals in the Child Care Program include maintaining reimbursement rates at the 75 <sup>th</sup> percentile of the market for the 12 Child Care Resource and Referral Districts.	Market surveys were conducted in June and implemented in August 2006. The average increase statewide was 6 percent over the 24 -month period.	Market surveys will be conducted annually and adjustments will be made to the reimbursement rate to the extent the budget will permit.
Increase child support collections	Actual Collections were \$55.9 million and \$59.2 Million in FFY 2005 and FFY 2006 respectively. Our goal is to reach \$60 million in FFY 2007	The division is currently ahead of 2006 For collections and is working to Continue this trend.

<p>Provide programs and services to improve the health of Montana's women, children, and families.</p>	<ul style="list-style-type: none"> <li>• By 2010, reduce the rate of birth for teenagers aged 15 through 17 years to 9.3 per 1,000.</li> <li>• By 2010, reduce the rate of deaths to children aged 14 years and younger caused by motor vehicle crashes to 4 per 100,000 children.</li> <li>• By 2010, increase the percentage of mothers who breastfeed their infants at hospital discharge to 77.1%.</li> <li>• By 2010, increase the percentage of newborns who have been screened for hearing before hospital discharge to 92%.</li> <li>• By 2010, increase the percentage of infants born to pregnant women receiving prenatal care beginning in the first trimester to 87.4%.</li> <li>• By 2010, 100% of Montana's counties will have been reviewed as potential Health Professional Shortage Area designations for primary care, mental health, and dental services in an effort to improve the health-care access of medically underserved and vulnerable populations of Montanans.</li> </ul>	<p>9.7 (2005)</p> <p>5.8 (2005)</p> <p>73% (2005)</p> <p>97.9% (2005)</p> <p>83.5% (2005)</p> <p>In progress</p>
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Disqualify individuals from the food stamp program who are found guilty of food stamp fraud	<ul style="list-style-type: none"> <li>Continue to investigate referrals made for potential food stamp eligibility fraud and maintain an 80 percent disqualification rate.</li> <li>Collect on 80 percent of all overpayments by pursuing recoveries from individuals found guilty of food stamp fraud through all available channels.</li> <li>Avoid misspending future benefits by removing individuals found guilty of food stamp fraud from the program.</li> </ul>	82% of cases investigated result in disqualification from the food stamp program.
Development Disabilities Program (DDP) – Implement a rational methodology (transparent rate system) for reimbursement of Medicaid services.	By the end of the 2009 biennium, implement all five DDP regions in the rate system. Implement a minimum wage for DDP direct care employees of at least \$8.00 per hour. Reduce DDP case management caseloads to an average of 35. Allow for funding in the rates to allow for standardized training for DDP direct care employees.	In fiscal year 2007, three of the five DDP regions are in the rate system (approx half of the adult clients). Fiscal year 2006 data shows that: <ul style="list-style-type: none"> <li>There is currently no minimum wage required through provider contracts.</li> <li>Case management caseloads are at an average of 44.</li> <li>The standardized rate compensates for 2 days of training per direct care employees</li> </ul>
Operate an efficient and cost effective long-term care system.	<ul style="list-style-type: none"> <li>Maintain the total long-term care expenditures of the SLTCD within the budget established by the legislature for each year of the 2008/2009 biennium.</li> <li>Pursue additional federal funding opportunities to enhance or expand services without the need for additional state dollars.</li> </ul>	Benchmarks are available For each goal and objective

## BUDGET AND POLICY ISSUES

### Key Elements of the Department's Vision for the next Biennium

- Mental Health –Transformation of Montana's mental health system by assessing the services and identifying gaps in the current delivery system relating to inpatient treatment and additional community services for individuals with mental illness and chemical dependency.
- Secure Treatment & Examination Program (STEP) – Collaborative effort with DOC to address the behavioral health problems of offenders.
- Connect public health interventions with human services policy to improve the overall health of individuals receiving DPHHS services.
- DD Rebasing – to meet federal requirements for client choice and portability, increase statewide availability of services and implement a standardized rate structure to reimburse providers.
- Dental Access – additional funding to enhance access for adults and children in Medicaid by raising reimbursement rates to 85% of billed charges.
- CFSD Additional Field Staff – relating to critical caseload issues and to meet federal and state mandates for keeping children safe.
- SLTC Waiver Expansion – additional funding to serve individuals waiting to access community services either in their homes, assisted living, or supported living settings.

## SIGNIFICANT ISSUES EXPANDED

### Challenges for the 2008/2009 Biennium

The top priority of the department in the coming biennium is to maintain current programs due to rising costs and other budget challenges. These include:

- Potential loss of federal funding for Children's Health Insurance Program as Congress considers reauthorization;
- Increasing caseload costs in Medicaid, which accounts for about one half of the agency's budget;
- A reduction in federal matching money for Medicaid services due to improvement in the state's economy; and
- Reductions in funding of about \$7.7 million over the next biennium as a result of the Federal Deficit Reduction Act (\$3.6M for the Child and Family Services Division and \$4.1M for the Child Support Enforcement Division).